

Choices for Care
Notice of Stop of Services through Flexible Choices Option

Date: _____

To: _____ **Attn: Billing Department**

From: _____, Flexible Choices Consultant

Re: Notice of Beginning of Flexible Choices Option for _____
Name of Participant

Please be aware that _____ will start receiving their Choices for Care
Name of Participant
services through the Flexible Choices option beginning _____.
Date Services to Begin

After the above date, the participant will no longer require the services indicated below from your agency.

- ☐ Case Management
- ☐ Personal Care Services
- ☐ Respite Services
- ☐ Companion Services
- ☐ Adult Day Services
- ☐ Personal Emergency Response Services

Please note that any direct bills to Vermont Medicaid for Choices for Care services provided after that date will be denied by EDS.

If you have any questions, please feel free to call me at 1-866-572-7127.

Flexible Choices Consultant

Thank you for your assistance.